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APPLICANTS

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** CONTINUING DATA ***** EOF

** FOREIGN APPLICATIONS ***** EOF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/30/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 7	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature <u>EOF</u> Initials				

ADDRESS

30973
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TITLE

Packetized voice messaging

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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